Has Global Fund Support for Civil Society Advocacy in the Former Soviet Union Established Meaningful Engagement or 'a Lot of Jabber About Nothing'?

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Abstract

Although civil society advocacy for health issues such as HIV transmission through injecting drug use is higher on the global health agenda than previously, its impact on national policy reform has been limited. In this paper we seek to understand why this is the case through an examination of civil society advocacy efforts to reform HIV/AIDS and drugs-related policies and their implementation in three former-Soviet Union countries. In-depth semi-structured interviews were conducted in Georgia, Kyrgyzstan and Ukraine by national researchers with representatives from a sample of 49 CSOs and 22 national key informants. We found that Global Fund support resulted in the professionalisation of CSOs, which increased confidence from government and increased CSO influence on policies relating to HIV/AIDS and illicit drugs. Interviewees also reported that the amount of funding for advocacy from the Global Fund was insufficient, indirect, and often interrupted. CSOs were often in competition for Global Fund support, which caused resentment and limited collective action – further weakening capacity for effective advocacy.

Introduction

In May 2010, shortly before the XVIII International AIDS Conference in Vienna, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and UNAIDS published a framework for *Community Systems Strengthening* (CSS), the principal aim of which was to strengthen 'civil society engagement with the Global Fund' (Global Fund 2010: iv-v). Civil society organisations (CSOs) perform various functions in a country's health system: they

deliver services, monitor government behavior, and advocate on behalf of particular communities including marginalised groups (Rau, 2006; Cohn et al, 2011; Ibrahim & Hulme, 2010). Studies suggest that CSO capacity – understood in terms of leadership, networking, credibility, and possession of information and resources – is essential for effective advocacy, while limited transparency and openness to CSO engagement among some governments are significant impediments (Nathan et al, 2002; Price 2003; Pollard and Court, 2005; and Court et al, 2006; Parker, 2009; Kendall and Lopez-Uribe 2010; Spicer et al 2011). Less is known about the effects of international funding on CSO advocacy in specific health or policy areas, such as HIV and injecting drug use (Caceres et al 2009; Edwards and Hulme 1998; Doyle and Patel 2008).

The Global Fund has channeled substantial resources to CSOs to implement HIV/AIDS programmes: nearly 20% of the Global Fund's Round 7 funding was channeled through CSOs (Cohn et al, 2011:3). Our study provides an in-depth, geographically focused study of the direct and indirect effects of Global Fund support for CSO advocacy for a specific health policy issue – an HIV/AIDS epidemic driven by intravenous drug use.

In many countries of Eastern Europe and Central Asia, criminalisation of injecting drug use stimulates risky practices and can lead to human rights abuses and poor access to HIV/AIDS services, and hence represents a major structural driver of the HIV/AIDS epidemic (Wolfe & Malinowska-Sempruch, 2004; Rhodes et al, 2005; Latypov, 2009; Open Society Institute, 2009; Sarang, et al 2010). We focus on three former Soviet Union (FSU) countries – Georgia, Kyrgyzstan and Ukraine – with low level/concentrated HIV/AIDS epidemics driven to a great extent by risky behaviors such as needle sharing between IDUs. Global Fund HIV/AIDS programmes have provided significant external resources for HIV/AIDS control

to these countries, which has enabled substantial scale-up in the delivery of HIV/AIDS services and population coverage (Chkhatarashvili et al, 2008; Murzalieva et al, 2009; Semigina, 2009). Key epidemic data and features of the Global Fund HIV/AIDS grants in the three countries are summarised in Table 1.

Table 1: about here

We adopt a health policy analysis approach to explore both *national* level advocacy by CSOs around national policy and laws, and *local level* advocacy focusing on sub-national government including law enforcement and its implementation of national policy in each of the three focus countries. Health policy analysis theory has made important progress in understanding how policy contexts and the strength of policy actors influence the prioritisation of certain health policies or health issues over others (Walt and Gilson 1994; Shiffman and Smith 2007). The aim of our paper is to identify the effects of Global Fund financing on CSO advocacy. One might hypothesise that Global Fund HIV/AIDS funding allocated specifically for advocacy would strengthen civil society actors' capacity to advocate for changes in HIV/AIDS and drugs-related policies and their implementation, or lead to increased cooperation amongst CSOs as they take advantage, collectively, of a much-needed additional source of financing. One might also reasonably anticipate indirect effects of Global Fund country programmes on CSO advocacy including: have the Global Fund's Country Coordinating Mechanisms assisted advocacy by strengthening relations between government agencies and CSOs; have CSO Principal Recipients of Global Fund grants taken advantage of their privileged position to further advocacy?.

Methods

The paper presents data from in-depth semi-structured interviews conducted in Georgia, Kyrgyzstan and Ukraine by national research teams (February - August 2010) with representatives from CSOs sampled on the basis of the following selection criteria: a) Global Fund HIV/AIDS programme grantees; b) working in the field of harm reduction for IDUs; c) operating in the capitals – Tbilisi, Bishkek and Kyiv; and d) agreeing to participate in the study. Based on these criteria our sample was: Georgia n=14, Kyrgyzstan n=16 and Ukraine n=19. While the sampled CSOs worked in the field of harm reduction for IDUs, some also provided related HIV/AIDS interventions targeting specific groups (Table 2). Interviewees were managers/directors, all were paid employees of these organisations, and some were also PLWHA and/or former IDUs or commercial sex workers (CSWs). In-depth semi-structured interviews were also conducted with purposively sampled national level stakeholders including representatives of government agencies and development agencies including donors and UN agencies (Georgia n=7, Kyrgyzstan n=9 and Ukraine n=6).

Table 2: about here

Semi-structured interviews were administered by national researchers using topic guides jointly designed with the authors. These were piloted in Tbilisi in January 2010 by researchers from Georgia, Kyrgyzstan, Ukraine and UK. Reflecting country contexts, minor adaptations were made to the topic guide. The fieldwork was conducted by professional researchers who were experienced in qualitative data collection and familiar with the sensitive topic area. They were employed by research organisations that were independent of

the organisations and individuals they interviewed. Interviewees gave informed consent before participating, and interviews were conducted in private spaces to ensure anonymity and confidentiality.

CSO interviewees commented on the advocacy they had engaged in, the effects of Global Fund HIV/AIDS programmes on their advocacy activities, factors enabling or undermining advocacy and how relations with government and other CSOs had changed. National informants commented on these themes from their organisational perspective. Interviews followed *a priori* themes, but allowed respondents' frames of experience and meaning to emerge, and were conducted until saturation of new themes was achieved. All interviews were recorded and transcribed, and translated professionally.

The lead analyst undertook a systematic thematic analysis of the qualitative data adopting a framework approach described by Pope & Mays (2000) whereby *a priori* and emerging themes were drawn out and tabulated in a common analytic framework to enable cross-country comparison. An investigator triangulation approach was adopted (see for example Seale, 2004): multiple researchers contributed to interpreting themes, which reinforced our confidence in the findings reported. When investigators' interpretations differed, data were reexamined before agreeing on an interpretation; where this was not possible we do not report these themes. The analysis involved the following stages: 1) transcripts were systematically coded by the lead analyst and major themes drawn out; 2) themes were jointly agreed by country investigators and the lead analyst and interpretations revised if necessary; 3) cross-country findings were summarised by tabulating them in the common analytic framework and agreed by the country investigators; 4) the paper was drafted and reviewed by country teams to confirm the accurate and coherent presentation of findings.

Ethical approval for the study was granted by the London School of Hygiene and Tropical Medicine (reference 5078) and by the Kyrgyz Medical Ethics Committee. The Georgian government requires ethical approval only for studies involving patients/biological samples. No ethical approval is required in Ukraine.

Results

We interviewed 14 of 16 Georgian CSOs receiving Global Fund HIV/AIDS grants, more than one third of all Kyrgyz Global Fund HIV/AIDS CSO grantees (n=16, 36%), but fewer in Ukraine (n=19, 14%). While it was difficult to interview large numbers of government officials due to problems of availability and a lack of willingness to participate, those we did interview were key informants in the field. We found considerable consistency between most interviewees' accounts, including between CSO and government interviewees. In this section, we draw out the most important, commonly agreed themes across the different groups interviewed.

Our study revealed a growing appetite among CSOs to advocate on HIV/AIDS and injecting drug use-related issues and policies, and there are several examples of active advocacy activities (Box 1). Where external support was provided, respondents cited two donors as primary sources: the Open Society Institute and the Global Fund. Global Fund HIV/AIDS grants have provided direct financial support for CSO advocacy as follows: Georgia, received $195,000 for advocacy activities through its Round 2 grant (14% of the total grant), plus $312,000 from single a funding stream a year later. Kyrgyzstan, received $716,580 from the first phase of its Round 7 grant (6.5% of the total grant) specifically for advocacy work,

while Ukraine received around $630,000 for advocacy from Rounds 1 (2% of the total grant) and 6 (0.1% of total) (Table 1). Activities supported through this direct advocacy funding are described below (see Box 2). We chose to focus our study on the Global Fund due to high levels of CSO financing to deliver HIV/AIDS services, direct financial support for CSO advocacy and the introduction of new models of working including Country Coordination Mechanisms. Additionally a body of data and analysis on Global Fund country HIV/AIDS programmes exist that are relatively accessible.

Box 1: about here

In spite of the Global Fund's financial support, the vast majority of CSO, government and development partner interviewees agreed that CSO advocacy had had limited impact on both national policies and their implementation nationally and locally, which, in turn, constitute a major barrier to implementing Global Fund-supported HIV/AIDS programmes. Capturing this sentiment, a CSO interviewee said about the drug laws in Georgia: *'When such legislation is in force the activities of the Global Fund are in vain'*. In the following sections we ask whether Global Fund financed programmes have strengthened CSO advocacy efforts.

To what extent has Global Fund financing supported civil society advocacy?

Global Fund HIV/AIDS direct grant support for advocacy in the three focus countries primarily took the form of funding for conferences and meetings where CSO grantees contributed to the exchange of information and policy discourse with government agencies, as well as press conferences, communications and materials, advocacy training at 'Summer Schools' and multi-sectoral working groups established for the development of policy

proposals. While some interviewees welcomed this, others were critical of the quality of the training which consisted of one-off sessions rather than ongoing, systematic support, and tended to focus on a limited number of topics that reflected the priorities of the Global Fund country HIV/AIDS grant and its implementation rather than being grounded in vulnerable groups' needs and wishes and/or locally determined priorities by smaller CSOs. *'A lot of jabber about nothing'* as one Ukrainian interviewee described it. Examples of Global Fund financing directly allocated for advocacy activities are summarised in Box 2.

Box 2 about here

There was a relatively buoyant CSO advocacy environment in Ukraine, which interviewees described as stemming from the fact that two large CSOs – the *International HIV/AIDS Alliance* and the *Network of People Living with HIV/AIDS* – acted as the country's Principal Recipients (PRs) for the Round Six HIV/AIDS grant. Their status as PRs raised the national profile of both CSOs in Ukraine and made them a powerful voice among the CSO community resulting in a number of successful national advocacy campaigns (Box 1). However, the relationship between the two Ukrainian CSO PRs and their CSO sub-grantees was widely described as 'top-down' and weakly aligned with sub-grantees' priorities. Much advocacy work funded under the 'supportive environment' component of Ukraine's Round Six HIV/AIDS grant took the form of issuing competitive tenders for mostly local level advocacy projects defined by the PRs for which CSO sub-grantees could bid. Some interviewees were positive about this, though were consistent in their criticism that the amount of funding available was insufficient to support local advocacy that was essential for the smooth running of CSO-run HIV/AIDS services, such as working to change attitudes of

local militia (police) commanders and officers on the street, or negotiating cooperation with local government and health officials.

A common observation across the three countries was that most Global Fund support to improve CSO sub-grantees' capacity was only *indirectly* associated with advocacy strengthening. Thus, Global Fund HIV/AIDS grants supported participation in international exchanges and conferences, and Global Fund-financed training strengthened the managerial and administrative capacity of numerous CSOs through increasing the professionalism, experience and qualifications of employees, as well as providing financial resources to hire new CSO employees including frontline service providers, managerial and administrative staff. This support strengthened CSOs to both deliver services more effectively, and as a beneficial side-effect, to conduct advocacy either at national or local level: *'[it gave us] possibilities to show the community's needs and start advocacy'* but *'there is no targeted activity towards us'* (Kyrgyz CSO). In Georgia, the experience was similar, with interviewees noting that while Global Fund grants did not support CSOs to do advocacy directly *'…advocacy activities are an* indirect *result of Global Fund funding'* (development partner, Georgia).

Has dependency on Global Fund financing influenced civil society advocacy?

Interviewees suggested that many CSOs were financially dependent on Global Fund grants. A Ukrainian government official described Global Fund grants as: '*…a crutch, and without this crutch they won't be able to walk. And I would like them to be taught how to walk by themselves'*. Several CSO sub-grantees in Ukraine felt that financial dependence on short term Global Fund HIV/AIDS grants undermined their ability to criticise either PR for fear of losing further funding. This lack of space to input into decision making: *'turned the civil*

society sector into robots that are just implementing donors' ideas' (Ukrainian CSO). Economic dependence also had the effect of repositioning some CSOs as commercial entities, as the following CSO interviewee from Ukraine noted: *'…the Global Fund has turned civil society into a public business - it means that there is an interest in subsequent and bigger grants*'.

CSO advocacy in Kyrgyzstan and Georgia – where government agencies acted as the PRs – was even more subdued at both at national and local levels. A key problem described by several CSOs in these countries was the perception that challenging government policies would prejudice their chances of receiving future Global Fund grants. Small CSOs receiving single Global Fund grants in Kyrgyzstan, and to some extent Georgia, felt particularly vulnerable, and were more cautious about embarking on advocacy activities, especially at the national level, than those larger, more visible, CSOs that received funding from multiple sources, although the subtle process of exclusion from future grants was not easy to prove. In Kyrgyzstan, an additional problem stemmed from breaks in Global Fund financing to CSOs, which created fragility and jeopardised both service delivery and staff retention. This undermined advocacy efforts since CSOs were forced to concentrate on maintaining a skeleton service with limited resources.

Global Fund country HIV/AIDS programmes attached limited value to CSO advocacy – whether at national or local – because CSOs were widely regarded as service providers rather than advocates. A development partner in Georgia commented: *'I cannot see that this [advocacy] is a key focus of the Global Fund. On the contrary, it has been absolutely abandoned'*. In Kyrgyzstan, CSOs had a similar experience: '*…little attention was paid to advocacy measures…the Global Fund strategy did not have emphasis, goals and objectives*

of development of the nongovernmental sector (development partner, Kyrgyzstan). Furthermore, as a Kyrgyz CSO interviewee maintained, the Global Fund PRs actively sought to play down CSO advocacy: '*…in general there is some feeling that the Global Fund tries to keep silence…'*. In Georgia, the expectation of the PR was clear: that CSOs' should not engage in advocacy activities: '*If you are not a main contractor for the Global Fund grant, your role is limited to implementation of project activities - and that's it!'* (Georgian CSO).

Have Global Fund HIV/AIDS programmes affected relationships between civil society and government?

An important effect of the Global Fund HIV/AIDS grants has been the increased professionalisation of CSOs through both through insisting on CSO grantees adopting adequate project management, accounting, grant and financial management and monitoring and evaluation practices, and financing for hiring and training managerial and administrative staff as well as office equipment (also reported in Kapilashrami and O'Brien 2012). This has led to CSOs becoming more respected by government officials in the three countries, has helped to build trust, and challenged government stereotypes of CSO organisational capacity. In turn this has facilitated CSO engagement with and, ultimately, some influence on government HIV/AIDS and drugs policies and programmes and their implementation at local level. Moreover, in many cases, being encouraged to work with government officials under Global Fund grant activities, such as joint membership of national policy working groups and coordinated service delivery between CSO and government HIV services, promoted contact between government and CSOs thereby fostering better relationships with government, which interviewees saw as enhancing the influence of CSOs on government policy. Indeed, adoption of Global Fund procedures by CSOs has had the effect of encouraging government institutions to do the same.

The introduction of Country Coordination Mechanisms (CCMs) was widely applauded by interviewees as a major area in which the Global Fund had enabled CSOs to contribute to shaping decisions relating to national HIV/AIDS programmes. Indeed, in each of the three countries, the CCM was described by CSO members as a valuable platform for advocating on national issues relating to HIV/AIDS including expressing the wishes and needs of vulnerable groups including IDUs and CSWs. While this promoted increased interaction between civil society and government the fact that CCMs were government dominated in terms of numbers of members and control of the agenda meant that CSO voices were in practice muted and had limited impact on collective decisions. A government interviewee in Kyrgyzstan accepted this reality: '*The CCM is a country committee under the government...it is interpreted as belonging to the government rather than society…based on that, they do not want to give many places to the nongovernmental sector'*. Furthermore the status of CCMs in the three countries as advisory rather than decision-making bodies further attenuated the ability of CSOs to advocate on national decisions. In Georgia there was a sense that while the CCM was respected by government, when it came to *'real conflict of interest between what the state is interested in and what the CCM might support, then the government' does not take [the CCM] into consideration...'* (Georgian CSO).

Have Global Fund HIV/AIDS programmes affected relationships between civil society organisations?

Interviewees widely accepted that collective action among CSOs strengthened advocacy, while CSOs working individually had limited impact on government policy, particularly at national level: '*…one organisation is only one vote. Many voices - that's the power'* (Ukrainian CSO). In all three countries some CSOs were affiliated with networks or

coalitions that were reported as strengthening some national level advocacy attempts, particularly when common interests and goals were agreed. A Georgian CSO interviewee said: *'It is easier to influence political decisions when the organisation operates in a network'*. Some CSOs indicated they were members of international networks or were closely connected to international CSOs from which they derived resources and power, strengthening their voice within their country. Further, knowledge exchange among CSOs strengthened advocacy; in some cases it motivated their advocacy efforts: '*...when we meet with others, new ideas come, in my opinion, strengthening is realised when we speak...it gives a positive stimulus to keep on working*' (Kyrgyz CSO).

Nevertheless, few interviewees felt the Global Fund had fostered cooperation between CSOs. A common observation was that CSOs were fragmented and that competition for scarce resources was a key reason for this. Indeed, Global Fund HIV/AIDS grants were reported as exaggerating competition among many local CSOs contending for financial resources, a problem also reported in Peru where receipt of Global Fund financing fostered competition and undermined original affiliations and patterns of CSO collaboration (Caceres et al 2009). Interviewees in Kyrgyzstan suggested that Global Fund financing had increased the number of CSOs but, in so doing, had effectively spread resources too thinly. For a Kyrgyz CSO interviewee, the consequences were clear: '*Because of Global Fund money, those interpersonal relationships between NGOs have worsened: they regularly get into conflict with each another'*. In Ukraine, a similar experience emerged from the interviews: '*…currently, cooperation among organisations is weak because there is incomprehensible hidden competition, possibly for funding, possibly for [career advancement]'* (Ukrainian CSO). In Georgia, whilst a lack of broad collective action was reported amongst CSOs, who

often delivered multiple and sometimes contradictory messages to national government, the Global Fund was not identified as a principal or even contributing factor.

Discussion

The Global Fund and 'true' advocacy?

The aim of our paper is to identify the effects of Global Fund financing on CSO advocacy. Financing from external sources inevitably raises the spectre of co-option – how can CSOs 'truly' advocate for the rights of minority groups in society if they enjoy close political ties with the very actors that enact policy limiting those rights, or are dependent on others for funding? There is insufficient space here to engage fully with a long-standing but ultimately unresolved debate about the appropriate role of civil society *vis a vis* the state (whether strong relations between state and civil society are beneficial or inimical to democracy - what Foley describes as the 'paradox of civil society' (Foley 1996)). Nevertheless, our study raises two important points pertinent to this conundrum. First, our results suggest that CSO-state relations were not so close as to warrant the charge of co-option. Second, we argue that co-option is too crude an explanation of the subtle effects of economic dependence we found in our study. The extent to which CSOs reconstructed both the meaning of advocacy and their own functioning in society in response to the need to win Global Fund grants is a striking, if under-reported, example of power-relations between grantor and grantee.

Effects of different components of the Global Fund governance model

Our study sheds light on what is inevitably a complex relationship between three principal actors in IDU policy: the Global Fund, CSOs and governments. If, as many of the respondents in our study attest, there is insufficient funding for advocacy, where does responsibility lie within the Global Fund to increase its support? Should the CCM be more

sensitive to advocacy needs and write them into proposals; should the PRs agree a greater allocation of funding for advocacy with the Secretariat in the grant agreement; should the Board instigate an advocacy 'window' in much the same way as it did for health systems strengthening, and encourage CCMs to incorporate specific advocacy activities into grant proposals?

The results of our research add a degree of nuance that helps to address this question. It is clear that the category of PR is important: whether or not a PR is a CSO or government agent appears to affect the level of priority afforded advocacy activities. In countries such as Kyrgyzstan and Georgia, where the PRs are government agencies, international donors such as OSI, UNAIDS and USAID are in a position – through the technical assistance they provide in proposal writing – to encourage the PRs to be more supportive of advocacy capacity building. However, this assumes that donors have a common stance towards the rights of IDUs and reflect that position consistently. It is by no means clear that this is the case.

Nevertheless, the general perception amongst our respondents was that Global Fund-supported HIV/AIDS programmes attached limited value to civil society advocacy, with CSO sub-grantees constructed primarily as service providers. Whether responsibility for the low priority attached to advocacy lies at the door of an unresponsive CCM is difficult to gauge: on the one hand, interviewees regarded the CCM as an important platform for advocacy; on the other, many respondents still regarded the CCM as a government-controlled institution, and thus inimical to CSO advocacy efforts. A close examination of CCM proposals, comparing advocacy components within proposals accepted and rejected, may usefully quantify CCM interest in advocacy.

Financial incentives reconstruct CSO identity

Others have identified clear financial incentives for maintaining a prohibitionist stance towards drug use leading to widespread police extortion and intimidation of IDUs and CSWs (Lewis 2010; SWAN 2009; Kupatadze 2009; Sarang et al 2010). Our study confirms these findings and suggests this is also a major factor undermining CSO attempts to change policy on drug use. Less well understood are the effects that financial dependence on external funding has had on CSO performance. The effects that we identify are not co-optive, in the sense that PRs sought to exert political control over sub-recipients of Global Fund grants (Rau 2006). Rather, they are reconstructive in the sense that CSOs, under pressure from competing CSOs, reconstructed their identities to appear more professional, corporate and business-focused organisations in an effort to attract grants.

Advocacy as an event or a process?

What also emerges from our data is that advocacy strengthening is perceived by the Global Fund to be an event rather than a *process.* Interviewees assert that advocacy is systematic work and yet the Global Funded-HIV/AIDS programmes appear to approach advocacy as a short-term, one-off training exercise rather than long-term support for CSOs. Part of this effect is that increased funding from Global Fund grants is changing the meaning that CSOs attach to advocacy. Where once advocacy had 'value', now the activity is regarded by some CSOs as 'just another project' that brings in money. Thus, while the aim of advocacy was to reform legislation, the motivation was often grant-focused rather than rights-based. Advocacy was seen as instrumental in order to fulfill CSO sub-grantees' obligations under the grant rather than necessarily supporting vulnerable groups by defending their rights. Caution is required in attributing responsibility for this shift in priorities to Global Fund

grants, as it may reflect a broader dissonance in country wide (that is, government) understanding of advocacy and its importance for health systems strengthening.

Have Global Fund programmes fostered an 'enabling environment' for CSO advocacy?

In common with previous studies (Nathan et. al. 2002, Court et. al. 2006, Pollard and Court 2005), we found that weak capacity of CSOs undermined their ability to influence government policy. With the exception of a few high-profile CSOs, the vast majority of CSOs in the field of HIV/AIDS in our focus countries are relatively small-scale organisations whose advocacy needs are relatively inexpensive. A small amount of financial support to strengthen CSO advocacy resources, evidence-gathering, knowledge (particularly legal), and skills and leadership development, may help CSOs to advocate with local officials to enable them to deliver services to vulnerable groups. The Global Fund is beginning to recognise the importance of CSO capacity building. The Round 10 proposal form, for example, now includes this as a specific – and major – service delivery area, allowing countries to secure funding for specific advocacy training activities.

But we also found that an indirect effect of capacity building from Global Fund grants has been to build an 'enabling environment' in which communities can advocate for reform of government HIV/AIDS-related policies. Our study provides examples of strengthened relations between CSOs and government officials that are beginning to erode stereotypes each sector has of the other. Increased professionalism among CSOs increased the regard many government officials had for them. Indeed, CSO grantees adopting Global Fund procedures financial management, administration, and monitoring and evaluation had encouraged government institutions to do the same.

CSOs competing for Global Fund grants

Another important consequence of CSO dependence on Global Fund grants in our three focus countries is the effect of CSOs competing as sub-recipients for funding. Despite the emergence of CSO networks and coalitions, broad collective action has been difficult to achieve. Indeed, this finding compares with other regions, such as South America, where on one hand HIV/AIDS galvanised a broad based civil society social movement that successfully lobbied for legal reform around HIV/AIDS in Brazil which did not have a Global Fund programme, while in Peru receipt of Global Fund financing undermined affiliations and collaborations among CSOs (Caceres et al 2009; Parker 2009; Kendall and Lopez-Uribe 2010). A comprehensive regional comparison of CSO experiences of Global Fund support is beyond the scope of this study, but warrants further exploration.

Study limitations

Our study has a number of limitations. Ongoing political and economic upheaval experienced in the three countries means it is difficult to generalise our findings across Eastern Europe and Central Asia and beyond. Additionally, sampling was restricted to the capitals, which created a selection bias although in Georgia this was less problematic than Ukraine and Kyrgyzstan since we interviewed representatives of Georgian 14/16 CSOs receiving Global Fund HIV/AIDS grants. The majority of interviewees represented CSOs, and while we interviewed key government informants in the field it was difficult to interview greater numbers due to problems of availability and in some cases lack of willininggness to participate.

Conclusion

Despite concerted efforts by the international community to raise the profile of civil society

engagement in the health policy process, the Global Fund's financing of CSO advocacy – an important way that CSOs might be supported to engage in this process – has been limited. Partly, this is because relatively limited funding is being channeled *directly* towards advocacy through country HIV/AIDS grants, which emphasise service delivery to achieve targets rather than capacity building for advocacy. Obviously, given the Global Fund's principle of country ownership, it is not in a position to positively discriminate against grants with an explicit advocacy component. Nor should it. However, if the Global Fund is serious about strengthening communities – as a way to strengthen health systems – it could positively promote advocacy as an integral component of health systems strengthening in the literature it commissions on CSS and in its R11 guidance notes for grantees.

It is clear that the source of grant proposals, the CCM, is not working as well as it might to raise the profile of advocacy. Here too there may be little the Global Fund can do, although it does issue guidelines about CSO participation in decision-making within the CCM. Evidence from our study suggests that CSO representation on CCMs is often little more than a 'box-ticking' exercise by a government-dominated Board. Currently, additional tranches of funding from the Global Fund are tied to grant performance. A way forward may be to extend crtieria for 'performance' to include broad-based inclusion of stakeholders in CCM decision-making.

Funding is mostly short-term, making it impossible for CSOs to establish long-term strategies. Short-term funding has also meant short-term training. Whilst it may be unfair to describe the advocacy training provided as "jabber about nothing", it would appear to be of variable quality. The responsibility of the Global Fund's Local Fund Agent (LFA) is to make sure that money granted for advocacy is used effectively. It is important therefore for LFAs

to be required by the Secretariat to monitor the performance of monies allocated to advocacy activities. The Global Fund Secretariat should also reflect on and seek to mitigate the negative effects of hierarchy and competition for its funding amongst CSOs. Whilst advocacy may now be a higher priority for the Global Fund Secretariat, there is a sense among CSOs that this has not yet permeated fully to the Fund's country level governance mechanisms.

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Table 1 Georgia, Ukraine and Kyrgyzstan: selected data on HIV/AIDS epidemic and Global Fund HIV/AIDS programmes

	Georgia	Ukraine	Kyrgyzstan
Population[e]	4M (2009)	46M (2009)	5M (2009)
Gross national income per capita[e]	$2,530	$2,800	$870
Epidemic type	Low-level	Concentrated	Concentrated
Number of people living with HIV/AIDS[a]	• 1,136 (2010) (registered) • 3,300 (2009) (estimated number)	188,766 (April 2011)	3,288 (January 2011)
Percentage of adult population living with HIV/AIDS[b]	0.03% (2010)	1.11% (2009)	0.13% (2007)
HIV prevalence among key MARPs[fgh]	• IDUs upto 4.5% (2009) • CSWs upto 1.8% (2009) • MSM upto 3.7% (2009)	• IDUs 22.9% (2008-9) • CSWs 13.2% (2008-9) • MSM 8.6% (2009)	• IDUs 14.3% (2009) • CSWs 1.6% (2009) • MSM 3.8% (2007)
Global Fund HIV/AIDS grants[c]	• Round Two (2003-2009) $14,363,254 • Round Six (2007-2010) $8,533,048	• Round One (2004) $23M • Round Six (2007) $131.5M	• Round Two (2003) $17M • Round Seven (2008) $11M
Principal Recipients	The *Georgia Health and Social Projects Implementation Center* (NB: in January 2011 a nongovernmental organization became PR)	• *International HIV/AIDS Alliance* (Rounds One and Six) • *Network of People Living with HIV/AIDS* (Round Six)	*Republican AIDS Centre (transferred to UNDP from July 2011)*

Global Fund HIV/AIDS grants as % of total HIV/AIDS funding[c]	55.3% (2008-9)	72.2% (2004-8)	47% (2007)
Numbers of civil society organisations funded by Global Fund HIV/AIDS grants[d]	16 (2010)	156 (2010)	42 (2010)
Amount of money allocated for advocacy by Global Fund	• $195,000 (Round 2, 2005) • $312,000 (Single Stream Funding, 2006)	• $464,000 (Round 1) • $166,000 (Round 6)	716,580 (Phase 1 Round 7)
Advocacy as % of total grant[d]	• 1.4% (Round 2, 2005) • 3.7% (Single Stream Funding, 2006)	• 2.0% (Round 1) • 0.1% (Round 6)	6.5% (Phase 1 Round 7)
Sources: (a) Georgia National Centre for Disease Control and Public Health; Ukraine Principal Recipient; Kyrgyzstan National AIDS Report, January 2011; (b) Global Fund grant portfolio index: http://portfolio.theglobalfund.org/en/Home/Index; (c) Global Fund grant data: http://portfolio.theglobalfund.org/en/Route/DataDownloads; (d) Georgia National Centre for Disease Control and Public Health; Global Fund PIU, Kyrgyzstan; Ukraine Principal Recipient (e) World Bank World Development Report 2011 (f) UNGASS Kyrgyzstan Country Progress Report 2010 (g) UNGASS Georgia Country Progress Report 2010 (h) UNGASS Ukraine Country Progress Report 2010			

Table 2 CSOs sample description

	Georgia	Kyrgyzstan	Ukraine
Harm reduction including needle/syringe exchange and addiction therapy	•	•	•
Education/awareness building	•	•	•
Condom distribution	•	•	•
Prevention of mother to child transmission (PMTCT)	•		
Voluntary counseling and testing (VCT)	•		•
Rehabilitation of former prisoners		•	
Detoxification		•	
Care/support		•	•
Legal support		•	
STI testing			•
IDUs	•	•	•
PLWHA	•	•	•
Women	•		
Pregnant women	•		
Men having sex with men (MSM)	•		•
CSWs	•	•	•
Children, young people	•		•
Prisoners/former prisoners		•	•
Women IDUs		•	
General public			•

Box 1 CSO advocacy efforts in Georgia, Kyrgyzstan and Ukraine

Examples of issues for which CSOs have advocated

- Reduced price antiretroviral drug procurement by the state
- Drug users and sex workers' rights including entitlements and exposing corruption and discrimination
- Introduction of new commodities and approaches such as Methadone opiate substitution therapy (OST), needle/syringe exchange, pre- and post-counselling and express testing
- Decriminalisation of injecting drug use and/or reductions in penalties
- Adoption of new regulations/protocols for prevention, testing and treatment
- Advocacy with local law enforcement and health officials to accept CSO harm reduction services and for changes in militia training curricula
- Advocating with local government for the allocation of additional resources
- Advocating for individual clients' entitlements

Examples of successful CSO advocacy

- Ukrainian CSOs successfully advocated for the national HIV program to incorporate OST and needle/syringe exchange interventions; for a reduction in the price of antiretroviral drugs procured by government; and actively contributed to drafting Global Fund proposals
- Kyrgyz CSO advocacy precipitated the integration of CSO HIV services within government primary healthcare and the inclusion of social aspects of HIV in medical school curricula; also changes in the law on quantities of illicit drugs a person can carry; and to changes in militia training curricula
- Georgian CSO advocacy led to changes in drugs testing protocols in line with the EU Convention of Human Rights

Source: Spicer et al (2011)

Box 2 Global Fund HIV/AIDS grant support for civil society advocacy

Georgia

- Supporting the drafting of a proposal document for drugs policy reform developed jointly by government agencies and select CSOs
- Financing conferences and meetings on harm reduction and other aspects of HIV/AIDS prevention

Ukraine

- Co-financing annual advocacy 'summer schools' and other training for civil society Global Fund grantees
- Principal Recipients providing direct technical assistance to sub-grantees on aspects of advocacy
- Providing Issuing competitive tenders for specific advocacy activities under the 'Supportive Environment' component of the Round Six HIV/AIDS grant
- Developing and distributing advocacy 'toolkits' to guide CSO grantees
- Funding Regional Coordinator posts for which part of the role includes contributing to local level advocacy in support of CSO grantees
- Financially supporting events including conferences, press conferences, workshops and interagency meetings

Kyrgyzstan

- Financially supporting 'round table' interagency meetings on harm reduction and other aspects of HIV/AIDS prevention
- Providing financial support for organizing Annual NGO Forum, where NGO representatives from different part of the country could jointly discuss advocacy issues